


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90166 045 \*\*\*150.00

<b>DOCUMENT # P04000158072</b> 1. Entity Name <b>COASTAL FLORIDIAN TITLE &amp; ESCROW CORP.</b>			
Principal Place of Business <b>125 S. ALCANIZ STREET SUITE ONE PENSACOLA, FL 32501</b>		Mailing Address <b>P.O. BOX 13404 PENSACOLA, FL 32591</b>	
2. Principal Place of Business <b>125 S. ALCANIZ STREET</b> Suite, Apt. #, etc. <b>SUITE 2</b> City & State <b>PENSACOLA FL</b> Zip <b>32502</b>		3. Mailing Address <b>125 S ALCANIZ STREET</b> Suite, Apt. #, etc. <b>SUITE 2</b> City & State <b>PENSACOLA FL</b> Zip <b>32502</b>	
Country <b>ESCAMBIA</b>		Country <b>ESCAMBIA</b>	
6. Name and Address of Current Registered Agent  <b>REGAN, SHARON D 125 S. ALCANIZ STREET SUITE ONE PENSACOLA, FL 32501</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MITCHELL, WM. ROD 125 S. ALCANIZ STREET SUITE ONE PENSACOLA, FL 32501</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 2 32502</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>REGAN, SHARON D 125 S. ALCANIZ STREET SUITE ONE PENSACOLA, FL 32501</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 2 32502</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GURCHIEK, JOANNA H 125 S ALCANIZ SUITE 2 PENSACOLA FL 32502</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joanna H. Gurchiek **Joanna H. Gurchiek** 04/23/05 **850-439-1500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #